



**MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH
MASSACHUSETTS EMERGENCY MANAGEMENT AGENCY**

**GUIDANCE TO POLICE OFFICERS ON ENFORCING QUARANTINE ORDERS OR
DETAINING/ISOLATING INDIVIDUALS WHO MAY HAVE EBOLA**

Updated: November 21, 2014

This document provides information on Ebola virus disease (Ebola) and guidance on a police officer's legal authority to detain or otherwise restrict the movement or activities of a person who has Ebola, may have Ebola, or may have been exposed to Ebola.

More particularly, this document offers guidance and a framework for answering the following questions:

- Under what circumstances may a police officer enforce a quarantine order that has been issued by the Superior Court?
- Under what circumstances may a police officer enforce a quarantine order that has been issued by a local Board of Health or the Department of Public Health?
- In the absence of a quarantine order, under what circumstances may a police officer detain, or otherwise restrict the movement or activities of a person who has Ebola, may have Ebola, or may have been exposed to Ebola?

BACKGROUND INFORMATION ON EBOLA

Ebola, previously known as Ebola hemorrhagic fever, is a rare and deadly disease caused by infection with one of the strains of Ebola. Ebola can cause disease in humans and nonhuman primates (monkeys, gorillas, and chimpanzees).

When an infection occurs in humans, the virus can be spread to others through direct contact (through broken skin or mucous membranes in, for example, the eyes, nose, or mouth) with:

- Blood or body fluids (including but not limited to urine, saliva, sweat, feces, vomit, breast milk, and semen) of a person who is sick with Ebola; or
- Objects (like needles and syringes) that have been contaminated with the virus, including infected cadavers.

Ebola is not spread through the air, by water, or in general, by food.

For additional background information on Ebola, see: [CDC Ebola Information](http://www.cdc.gov/ebola).

EARLY SYMPTOMS OF EBOLA

The early symptoms of Ebola may include

- Fever of 100.4 degrees Fahrenheit (38 degrees Celsius) or higher
- Headache
- Muscle pain
- Weakness
- Fatigue

And, usually later in the course of the illness

- Diarrhea
- Vomiting
- Abdominal (stomach) pain
- Unexplained bleeding or bruising

Symptoms may appear anywhere from 2 to 21 days after exposure to Ebola, but the average is 8 to 10 days.

RETURNING TRAVELERS: MONITORING AND RESTRICTING MOVEMENT OF POTENTIALLY EXPOSED INDIVIDUALS ENTERING THE UNITED STATES

As the Ebola epidemic in West Africa continues, a small number of potentially exposed individuals (for example, volunteer health care workers) are traveling to the United States from these countries.

On November 16, 2014 the U.S. Centers for Disease Control and Prevention (CDC) issued an [update](#) to its October 27, 2014 interim guidance to states that standardized procedures for monitoring the health status and restricting movement of these potentially exposed individuals. The Massachusetts Department of Public Health (DPH) plan for implementing the CDC guidance in Massachusetts may be reviewed at: [DPH Plan](#).

GUIDANCE FOR DEALING WITH A PERSON WHO MAY HAVE EBOLA

Only people who are actively sick with Ebola can spread the infection to others. Transmission of Ebola is possible only through direct contact with blood or other body fluids from a person who is actively sick with the disease or who has died from the disease.

Generally, a police officer should stay at least six feet away from a sick person who may have Ebola, and prevent others from coming within six feet of the sick person, until EMS or other medical personnel have assessed the person's symptoms and travel history. A person is at risk of having Ebola if an assessment of his/her recent travel history and symptoms reveals the following risk factors:

- Travel in the past 21 days to Guinea, Sierra Leone, Liberia or other country that has been designated by CDC as presenting a risk of exposure (see [CDC](#) and [DPH](#) guidance)

AND/OR

- Direct contact with the blood or body fluids of someone with Ebola virus disease or who has died with Ebola virus disease

AND

- Fever of 100.4° F (38° C) or higher; and symptoms such as headache, muscle pain, vomiting, diarrhea, abdominal pain or unexplained bleeding.

When conducting the initial assessment, on scene personnel (police or EMS) should immediately contact the DPH Epidemiology Program at 617-983-6800 and public health personnel will assess whether the individual meets the criteria for consideration as a suspect case of Ebola. Additionally, on-scene personnel may request assistance by calling Massachusetts Emergency Management Agency (MEMA) Communications Center at 508-820-2000.

If a police officer or other first responder must be in direct contact with, or be within six feet of a person who has been assessed to be at risk for Ebola, appropriate personal protective equipment (PPE) must be donned prior to approaching the individual.

Police officers and other responders who wear PPE must be appropriately trained and practiced in donning, doffing, decontamination, and disposal of PPE.

DPH and MEMA have issued the following recommendations on the types of PPE to be used by first responders who have direct contact with a person who may have Ebola:

- Non-permeable coverall with hood/head covering that meets one of the following standards:
 - Splash protection standards of NFPA 1992-2013
 - NFPA 1999-2013
 - American Society of Testing and Materials (ASTM) F1671 material with sealed or taped seams
 - NFPA 1994-2012 (CBRN protective ensembles certified to Class 2, Class 3 or Class 4)
- Gloves:
 - Inner gloves: double layer of Nitrile gloves, equating to at least 10ml thickness
 - Outer gloves: over-the-cuff length Nitrile gloves, preferably 21 ml or greater thickness
- Shoe covers: calf-length booties/covers

- N95 respirator or PAPR
- Full Face Shield

For additional information refer to the [guidance](#) from DPH and MEMA on PPE for first responders.

Remember: Rigorous training and practice is required on the use of PPE and donning and doffing in the field must be supervised by a trained individual who monitors the process of each worker putting on and taking off their PPE.

POLICE AUTHORITY TO ENFORCE SUPERIOR COURT QUARANTINE ORDERS

What is quarantine?

Quarantine refers to separating and restricting the movement of people who have been exposed to a communicable disease and are not yet ill, but who may become ill and infectious over a certain period of time after exposure presenting a risk for spread of the communicable disease. Isolation is separating people who are ill from other people to prevent the spread of a communicable disease.

Under what circumstances, may a police officer enforce a Superior Court quarantine order for a person who has Ebola, may have Ebola, or may have been exposed to Ebola?

A police officer has legal authority to enforce a quarantine order that has been issued by the Superior Court. The order must include clear directions on how it is to be enforced, including the police officer's role in enforcing the order.

A police officer who is asked to enforce a quarantine order issued by the Superior Court should:

- Be provided, and retain a copy of the court order for the official police report;
- Read the court order to determine what conditions it imposes on the subject of the quarantine order, and whether it provides clear instructions on how the order is to be enforced, including the police officer's role in enforcing the order;
- Confer with the local Public Health Department or DPH, medical personnel, or EMS, to learn their assessment of the person's medical condition and the extent to which he/she may be contagious;
- Assess whether the subject of the court order may resist enforcement actions, thereby posing an increased risk to the police officer;
- Confer with supervisory personnel of the officer's department to develop an enforcement plan that mitigates risk to the police officer(s) and other personnel; and

- Follow all safety guidance concerning the use of PPE. Remember: if the person is sick and may have Ebola, stay at least six feet away from the person unless you are equipped with appropriate PPE.

If the court order fails to provide clear direction on how it is to be enforced, the police officer should request the Board of Health or DPH to go back to Court to obtain a more detailed order. While waiting for a new court order to be issued, a police officer may act under the authority of the Community Caretaking Doctrine to detain the subject of the quarantine order, if he or she presents an imminent danger to public health and safety. (See the discussion on the Community Caretaking Doctrine below.)

POLICE AUTHORITY TO ENFORCE PUBLIC HEALTH QUARANTINE ORDERS

Under what circumstances may a police officer enforce a valid quarantine order that has been issued by a local Board of Health or DPH for a person who has Ebola, may have Ebola, or may have been exposed to Ebola?

When facing a situation in which the subject of a quarantine order is violating, or is threatening to violate a quarantine order issued by a Board of Health or DPH, the police officer should request the Board of Health or DPH apply to the Superior Court for a court order that provides clear instructions on how the order is to be enforced, including the role of the police officer.

In limited circumstances, a police officer may act under the authority of the Community Caretaking Doctrine to detain the subject of a quarantine order who presents an imminent danger to public health and safety. (See the discussion on the Community Caretaking Doctrine below.)

POLICE AUTHORITY TO DETAIN OR ISOLATE SOMEONE WHEN THERE ISN'T A QUARANTINE ORDER IN PLACE

In the absence of a quarantine order, under what circumstances does a police officer have authority to detain, or otherwise restrict the movement or activities of a person who has Ebola, may have Ebola, or may have been exposed to Ebola?

Community Caretaking Doctrine

When acting in furtherance of his or her community caretaking responsibilities, a police officer has authority to take action necessary to render aid and prevent serious injury to people or property. The Supreme Judicial Court has concluded that the constitution does not require a police officer to sit idly by if immediate action is needed to prevent serious harm to people or property. If a police officer acts in furtherance of his community caretaking responsibility, he

has authority to take immediate action to render aid, assess and respond to situations posing an imminent serious threat to life or property, and otherwise protect the public health and safety from imminent harm.

Four conditions must be present in order for a police officer to take action under the community caretaking doctrine that otherwise might be considered an unlawful search and seizure under the 4th Amendment:

- The police officer must have reasonable grounds to believe that an emergency exists that presents an imminent and serious threat to life or property.
- The police officer must in fact take immediate action – delay in taking action suggests that immediate action was not necessary. However, it may be reasonable to delay action in order to bring appropriate emergency personnel and resources to the scene or protect the safety of the police officer.
- The police officer's conduct must be motivated by a desire to render aid or protect the public, rather than to gather evidence of a crime, apprehend a criminal, or otherwise exercise his law enforcement authority.
- The police officer's actions must be reasonable in light of the particular emergency, and be no broader than necessary to alleviate the emergency at hand.

Under appropriate circumstances and when reasonably necessary, the community caretaking doctrine permits a police officer dealing with a public health emergency to forcibly isolate people who pose a serious threat to others because of their exposure to contagions.

Although a competent person may refuse emergency medical treatment, the police may nonetheless isolate him if he poses an immediate threat to others because of his exposure to a contagion.

Detaining or Isolating a Person Who May Have Ebola

In the absence of a Superior Court quarantine order, a police officer may exercise his authority under the Community Caretaking Doctrine to detain and isolate a person who may have Ebola under the following circumstances:

- The police officer must first determine that the person presents an imminent and serious threat to public health. In most instances, a police officer does not have the necessary experience and expertise to assess the likelihood that a person has Ebola and the threat the person presents to public health. Accordingly, a police officer must rely on the expertise and judgment of medical or public health personnel. If not already on scene, a police officer should summon EMS, and if necessary, request that the Board of Health, DPH or other medical personnel come to the scene. On scene personnel (police or EMS) should immediately contact the DPH Epidemiology Program at 617-983-6800 and public health personnel will assess whether the individual meets the criteria for consideration as a

suspect case of Ebola. Additionally, on-scene personnel may request assistance by calling MEMA's Communications Center at 508-820-2000.

- A police officer should rely on the determination of EMS, public health, or other medical personnel that a person may have Ebola and poses an imminent and significant threat to public health. Preferably, this determination will be presented to the police officer in writing prior to the police officer taking any action to detain or isolate the person. In any case, the determination should be reduced to writing before or as soon as possible after the police officer takes action, and be included in the officer's official report.
- In most cases, a person who is asymptomatic (not yet sick with Ebola) but may have been exposed to Ebola and may develop symptoms in the near future, does not present the type of imminent public health threat that justifies police action under the Community Caretaking Doctrine. When dealing with an asymptomatic person who is refusing to comply with a quarantine order that has been issued by a local Public Health Department or DPH, the advisable course of action is for Public Health officials to seek an emergency order from the Superior Court that provides clear direction to the police. But, if after consulting with EMS, medical or public health personnel, and considering the facts and circumstances of the situation, the police officer has a reasonable belief that the person presents an imminent and significant danger, the officer may take immediate action after consulting with her supervisor, and in accordance with department policies and guidelines. Such action includes ordering the person to isolate himself or herself in a residence or other location. If necessary, the police officer may forcibly restrain, detain or isolate the person. Remember: a police officer should come within six feet of such a person only if he is wearing appropriate PPE and is fully trained and practiced in donning, doffing, and using PPE.
- The police officer should employ the least restrictive and intrusive means of restraining, detaining or isolating the person, such as isolating the person within his home or car, and only for so long as it takes for Public Health officials to apply for an emergency order from the Superior Court that provides clear direction to the police.
- The police officer's actions must be reasonable in light of the situation, and be no broader than necessary to protect the public from the threat.